

# Yolande Pijnenburg

## *Personality trait, psychiatric disease, and FTD: a clinico-genetic continuum?*

The differentiation between FTD and primary psychiatric disorders remains one of the greatest challenges in FTD diagnostics given the large amount of clinical overlap and the relative lack of reliable biomarkers. On the other hand, the clinical overlap between FTD and primary psychiatric disorders creates food for thought on how these two classes of disorders might be related. On the other hand, parallel to the finding that there is an association between primary progressive aphasia and dyslexia, there might be an association between neurodevelopmental disorders and frontotemporal dementia. The following hypotheses can be made:

1. Neurodevelopmental disorders, primary psychiatric disorders and frontotemporal dementia share congenital vulnerability of the functional neuroanatomical networks involving the frontal / temporal lobes and therefore resemble each-other with respect to clinical expression.
2. Neurodevelopmental or primary psychiatric disorder predisposes to neurodegeneration in a later stage and these disorders might be seen as a continuum.
3. Genetic mutations causing FTD not only cause neurodegeneration, but also play a role in neurodevelopment in earlier life.

These hypotheses will be discussed considering biographic research in gene mutation carriers, as well as comparative genetic and neuroimaging studies.

